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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JAPAN	SHEETS DRAWINGS 2	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
Verified and Acknowledged <i>[Signature]</i> James D. Anderson Examiner's Signature	Initials					

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TITLE

Percutaneous absorption type cerebral protective agent

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